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PATENT APPLICATION FEE DETERMINATION RECORD 10035344										
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TOTAL CLAIMS PICFALING			minus 20 =		176		Selan	OR	x \$	
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MULTIPLE DEPENDENT CLAIM P			ESENT DICTALINA			·	(may Lati	OR	+_==	
1 If the difference in column ) is less then sare, exter "I" in column ? TOTAL 1231/02 OR TOTAL										
CLAIMS AS AMENDED - PART U (Column 1) (Column 1) (Column 1)							NTITY	OR	OTHER TO	
AMENDMENT A		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AMENDMENT B		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OF CREIGNO					]		OR	·	
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"If the entry in column 1 is ites than the entry in rotumn 2, write "O' in column 3. ADDIT. FEE ADDIT. FEE  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "O".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "O".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "O".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "O".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "O".										

The "Highest Number Previously Paid For" (Total or ladependent) is the highest number found in the appropriate box in cohumn ).

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Burden Hour Statement: This forms as estimated to take U2 hours to complete. Time will vary depending upon the access of the individual case.

Burden Hour Statement: This forms as estimated to take U2 hours to complete this form should be sent to the Chief information Officer, U.S. Passes and Trademark
Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer, U.S. Passes and Trademark
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